

How to Improve Coding for ASC Procedures-
A Discussion of Orthopedic, GI and Ophthalmology Procedures

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Orthopedics
Knee/Leg Ortho. Procedures

Diagnosis Coding in Orthopedic Conditions

- Removal of Hardware
- Arthropathies
- Loose Bodies
- Articular Cartilage Disorder
- Traumatic Arthropathy
- Internal Derangement of the Knee - Tears
- Bucket Handle Tears
- Chondromalacia
- Hypertrophy of Fat Pad
- Malunion/Nonunion

Injuries

- Avoid Upcoding of Injury Diagnosis Coding**
 - 700-codes – Chronic Problems
 - 800-codes – Current Traumatic Injuries
- Dislocations**

Other Ortho./Neuro Diagnoses

- Synovitis
- Villonodular Synovitis
- Plica Syndrome

Knee Procedures

- o Knee Anatomy
- o Arthroscopic Procedures
- o Joint Manipulations / Joint Injections
- o Knee Lateral Release
- o Loose Bodies
- o ACL Open Procedures
- o Dislocating Patella Procedures
- o Synovectomy/Plica Excision Procedures
- o OATS Procedures
- o Abrasion Arthroplasty
- o Meniscus Procedures
- o ACL Reconstruction Procedures

Knee Procedures

- o **Arthroscopic Ankle Procedures – 2 sets of codes**
- o **Subtalar Arthroereisis Procedures Done by Podiatrists**
Not Covered by Medicare or BC/BS
Report verbiage important for correct coding
- o **Post-Operative Knee Surgery Pain Control Injections**

Coding of Other Orthopedic Procedures

Injection Procedures in Orthopedics

- Trigger Point Injections
- Joint Injections

Radiology Services

Prior to 2008, Medicare did not reimburse ASC facilities for radiology services, however, under the present Medicare payment system, some radiology services are covered. Check the Medicare “Ancillary Services” ASC List for codes which are covered. Fluoroscopy is still not covered by Medicare.

Coding of Other Orthopedic Procedures

Implants/Devices

Commonly used codes for Orthopedic Implants include:

- C1713 – Anchor/Screw
- L8630 – Metacarpophalangeal Joint Implant
- L8631 – Metacarpophalangeal Joint Replacement Implant
- L8641 – Metatarsal Joint Implant
- L8642 – Hallux Implant
- L8699 or 99070 – Misc. Implants
- Q4116 – Alloderm
- Q4104, Q4105 & Q4108 – Integra Wound Matrix
- Q4107 – Graft Jacket
- J7330 – Genzyme (Autologous cultured chondrocytes)
- C2634-C2699 - Brachytherapy source codes

Shoulder/Hand Orthopedics

Diagnosis Coding in Orthopedic Conditions

- Removal of Hardware
- Arthropathies
- Loose Bodies
- Bankart Lesion
- Bursitis
- Articular Cartilage Disorder
- Chondromalacia
- Rotator Cuff Problems
 1. Impingement Syndrome
 2. Current Traumatic Rotator Cuff Tear/Rupture
 3. Chronic Rotator Cuff Problems
 4. Tendonitis/Shoulder Bursitis
 5. Adhesive Capsulitis of Shoulder

Shoulder/Hand Orthopedics

Diagnosis Coding in Orthopedic Conditions

- SLAP Lesion
- Tennis Elbow
- Trigger Finger

Other Ortho./Neuro. Diagnoses

- deQuervain's Syndrome
- Dupuytren's Contracture
- Synovitis
- Villonodular Synovitis

Shoulder/Hand Orthopedic Procedures

Shoulder Procedures

- o Shoulder Anatomy
- o Shoulder Manipulations
- o Rotator Cuff Tears
- o Acromioclavicular Conditions
- o Synovectomy Procedures
- o Instability of the Shoulder Joint
- o SLAP Tears
- o Clavicle Procedures
- o Shoulder Debridements
- o Post-Operative Shoulder Surgery Pain Control Injections
- o Biceps Tenodesis Procedures

Orthopedic Procedures

Other Ortho. Procedures

- o Lipoma Removals
- o Hardware Removals
- o Platelet Rich Plasma

Gastroenterology

Diagnosis Coding for GI Conditions

- Blood in Stool, Hematochezia, Melena or Rectal Bleeding – Code 569.3
- Change in Bowel Habits – Code 787.99
- Diarrhea – Code 787.91
- Constipation – Code 564.00
- Stricture/Stenosis of Esophagus or Esophageal Ring (Schatzki's Ring) – Code 530.3
- Esophageal Varices – with Bleed – Code 456.0 / w/o Bleeding – Code 456.1
- Barrett's Esophagus – Code 530.85
- Gastritis – Code 535.50
- Reflux Esophagitis/GERD – Code 530.11
- Hiatal Hernia – Code 553.3

Gastroenterology

Diagnosis Coding for GI Conditions

- Nausea – Code 787.02 / Vomiting – Code 787.03 / Nausea & Vomiting – Code 787.01
- Weight Loss (Abnormal) – Code 783.21
- Diverticulosis – Code 562.10 / Diverticulitis – Code 562.11
- Colon Polyp – Code 211.3 / Rectal Polyp – Code 211.4 / Stomach Polyp – Code 211.1
- Anal/Rectal Polyp – Code 569.0
- Anemia – Codes 281.9 or 280.9
- Anal or Rectal Pain – Code 569.42
- Dysphagia – Code 787.20
- Dyspepsia – Code 536.8
- Heartburn – Code 787.1
- Gas/Flatulence – Code 787.3
- H. pylori – Code 041.86

Gastroenterology

Diagnosis Coding for GI Conditions

- Arteriovenous Malformation (AVM) – Code 569.84 w/o Bleed / Code 569.85 w/Bleeding
- Gastroparesis – Code 536.3
- Morbid Obesity – Use code 278.0
- Abnormal GI Exam/X-ray – Code 793.4
- Gastrostomy Complications – Use code 536.40
- Anal/Rectal Pain – Use code 569.42
- Hemorrhoids – Use codes from section 455
- Gallbladder Problems – Use codes from sections 574-575
- Attention to Gastrostomy – Use code V55.1
- Attention to Ileostomy – Use code V55.2
- Attention to Colostomy – Use code V55.3

Gastroenterology

Diagnosis Coding for GI Conditions

- Mechanical Complication of a Device or Implant – Use code 996.59
- Digestive System Complications – Use code 997.4
- Personal History of Lower Digestive System Cancer – Codes V10.05 for Colon and V10.06 for Rectum
- Family History of Gastrointestinal Cancer – Code V16.0
- Personal History of Colon Polyps – Code V12.72
- Family History of Colon Polyps – Code V18.51
- Screening Colonoscopy – Use code V76.51
- Intestinal Bypass Status/Colon Resection – Code V45.3
- Bariatric Surgery Status – Code V45.86
- Suspected Lesions – Use code V71.1 for Observation of Suspected Malignant Neoplasms

GI PROCEDURES

The key to accurately coding endoscopic procedures depends on knowing exactly what the surgeon did and the final destination of the scope.

A "Separate Site", for definition purposes, can be a separation between lesions of 1 centimeter.

- Esophagogastroduodenoscopy (EGD) Procedures
 - Code 43239 – Biopsy – most common procedure – also use for CLO test or H.pylori test
 - Code 43255 – Control of Bleeding – don't bill unless pt. came in with Bleed of has Post-OP Bleed
- Upper GI Dilations
 - Code 43248 – Savory Dilation – uses a Guidewire
 - Code 43450 – Maloney Dilation-Unguided
 - Code 43249 – Balloon Dilation

GI PROCEDURES

- PEG Tubes
 - Placement Procedures
 - Change/Adjustment Procedures
 - Replacement Procedures
 - Obstructions
 - Tube Removals – WATCH OUT for Nursing Home patients!

GI PROCEDURES

- Colonoscopy Procedures
 - Screening Colonoscopy
 - Screening study turns into Biopsy or Polypectomy
 - Diagnostic Colonoscopy
 - Incomplete/Terminated Colonoscopies

GI PROCEDURES

Colonoscopy Techniques

- Diagnostic
- Decompression
- Biopsies/Cold Biopsy Forceps Polypectomy
- Injections/Tattooing Lesions
- Ablations/Fulgurations
- Hot Biopsy Forceps
- Snare
- Scope through Stomas

Ophthalmology

Diagnosis Coding in Ophthalmology Conditions

- Strabismus – Code from the 378.XX section
- Esotropia – Code from the 378.0X or 378.2X sections
- Exotropia – Codes from the 378.1X section
- Diplopia – Use code 368.2
- Cataracts – Code based on the medical record. Some potential codes to use include the following:
 - Unspecified Nonsenile Cataract – Code 366.00
 - Nuclear Cataract/Nonsenile Cataract – Code 366.04
 - Unspecified Senile Cataract – Code 366.10
 - Nuclear Sclerosis – Code 366.16
 - Total or Mature Senile Cataract – Code 366.17
 - Other Cataract – Code 366.8
 - Unspecified Cataract – Code 366.9 (Most commonly used)

Ophthalmology

Diagnosis Coding in Ophthalmology Conditions

- When billing the 66982 (“Difficult” Cataract) CPT procedure code, also code the underlying condition causing the use of this code, such as Glaucoma, Small Pupils (code 379.40), Uveitis (code 360.11), etc., in addition to the Cataract code.
- Cataract Fragments left in the Eye after a Cataract Extraction – Code 998.82
- Mechanical complication due to ocular lens prosthesis – Code 996.53
- Subluxation of Lens – Code 379.32
- Posterior dislocation of Lens – Code 379.34
- Anterior dislocation of Lens – Code 379.33
- Floppy Iris – Code 364.81
- Miotic Pupil – Code 379.42
- Small Pupils – Code 364.75

Ophthalmology

Diagnosis Coding in Ophthalmology Conditions

- Glaucoma - Code from the 365.XX section. When you see the word "Gonio-" in the medical record, it means an Open Angle Glaucoma, where the trabecular meshwork is blocked or not working correctly. Angle-Closure Glaucoma involves misplacement of the iris where it blocks the anterior chamber and the aqueous cannot drain properly.
- Eyelid Ptosis – Code 374.30 for an Unspecified condition
- Mechanical Ptosis – Code 374.33
- Blepharochalasis – Code 374.34
- Dermatochalasis – Code 374.87
- Visual Field Defect – use Code 368.40

Ophthalmology

Diagnosis Coding in Ophthalmology Conditions

- Acute Dacryocystitis - Code 375.32
- Chronic Dacryocystitis – Code 375.42
- Disorder of the Lacrimal System – Code 375.89
- Stenosis of the Nasolacrimal Duct (Acquired) – Code 375.56
- Ectropions – Use codes from the 374.1X section
- Entropions – Use codes from the 374.0X section
- Trichiasis without Entropion – Code 374.05
- Other Disorders of the Eyelid – Code 374.89
- Other Plastic Surgery for Unacceptable Cosmetic Appearance – Code V50.1
- Fitting and Adjustment of an Artificial Eye – Code V52.2

Ophthalmology Procedures

- o Eyelid Lesions
- o Cataract Extractions – Cataract Procedures usually include:
 - o Lateral Canthotomy
 - o Iridectomy
 - o Iridotomy
 - o Anterior Capsulotomy
 - o Posterior Capsulotomy
 - o Use of Viscoelastic Agents
 - o Enzymatic Zonulysis
 - o Use of other pharmacologic agents
 - o Subconjunctival or Sub-Tenon Injections

Be Sure You are Billing IOLs for Cataract Cases Correctly

When a Medicare patient requests a Presbyopia-Correcting (PC) or Astigmatism-Correcting (AC) IOL lens (instead of a regular/standard IOL), there are special guidelines that must be followed to stay in compliance with Medicare guidelines.

- Billing Correctly
- Compliance Issues – Docs CANNOT be involved in the lens transaction – ASC HAS to collect \$\$ for lens on Premium IOLs
- “Difficult” Cataracts
- YAG Laser Procedures
- Vitrectomy Procedures
- Retina Procedures

Miscellaneous Eye Procedures

1. Ocular Surface Reconstruction Procedures
 - Amniotic Membrane Codes
2. Procedures to Treat Glaucoma
3. Procedures to Repair Strabismus

The structures involved in Strabismus surgery include:

4 Vertical Muscles

 - Superior Rectus
 - Inferior Rectus
 - Superior Oblique
 - Inferior Oblique

2 Horizontal Muscles

 - Lateral Rectus
 - Medial Rectus

Miscellaneous Eye Procedures

4. Iridectomy Procedures
 5. Cyclectomy
 6. Tarsorrhaphy
- Blepharoplasty Procedures**
- The 1582X Blepharoplasty codes in the Skin section are less extensive procedures, which involve only the removal of excess skin/subcutaneous tissue, whereas, the 6790X codes involve surgery on the muscle structures.

Some Conditions that may necessitate Blepharoplasty include:

- | | |
|---------------------|-------------------|
| 1. Dermatochalasis | 3. Blepharoptosis |
| 2. Blepharochalasis | 4. Pseudoptosis |

Miscellaneous Eye Procedures

Ectropions - A turning outward of the eyelid margin.

- Use code 67914 for a Simple Suture Repair of an Ectropion
- When a Tarsal Wedge Excision is performed to repair an Ectropion, use code 67916
- When an Extensive Tarsal Strip procedure is performed to repair an Ectropion, use code 67917

Entropions - An inversion of the eyelid margin.

- Use code 67921 for a Simple Suture Repair of an Entropion
- When a Tarsal Wedge Excision is performed to repair an Entropion, use code 67923
- When an Extensive Tarsal Strip or Capsulopalpebral Fascia Repair procedure is performed to repair an Entropion, use code 67924

If Scar Excisions or Skin Grafts are performed to repair Ectropions or Entropions, use code 67961, if applicable.

Miscellaneous Eye Procedures

Corneal Transplant Procedures

Corneal Transplants (called Keratoplasties) involve the replacement of a diseased or scarred cornea with healthy corneal tissue from a donor. The codes run in section 65710-65755.

- The 65710 code refers to an Anterior Lamellar type procedure, which refers to replacement of the thin part of the outermost layers of the cornea.
- The 65730-65755 codes refer to a "Penetrating" type procedure, which refers to replacement of the full thickness of the cornea. The difference between these 3 codes is the lens status of the patient.
- Use code 65756 for Endothelial or DSAEK procedures.
- Use code V2785 for Corneal Tissue.

Miscellaneous Eye Procedures

Lacrimal Procedures

- Code 68420 for a Dacryocystotomy or Dacryocystostomy procedure done to drain the Lacrimal Sac.
- Code 68520 for a Dacryocystectomy procedure done to Excise the Lacrimal Sac.
- Dacryocystorhinostomy procedures, which provides a Fistulization of the Lacrimal Sac to the Nasal Cavity, are coded 68720.
- Code 68815 when a Stent or Tube is inserted for drainage.
- Code 68801 for a Dilatation of the Lacrimal Punctum, with or without irrigation.
- Code 68810 for the Probing of Nasolacrimal Duct, with or without irrigation (performed with the patient under local anesthetic only).

Miscellaneous Eye Procedures

Lacrimal Procedures

Use code 68811 for the Probing of Nasolacrimal Duct, with or without irrigation performed under General Anesthesia.

Use code 68815 for the Probing of Nasolacrimal Duct with the insertion of a Tube or Stent.

Use code 68816 for the Probing of Nasolacrimal Duct, with Transluminal Balloon Catheter Dilation. In this procedure, the surgeon inserts a balloon device into the patient's tear ducts to clear an obstruction in the opening of the duct and in the ductal canal.

Summary

QUESTIONS
